

Carrier Name/Address/Street/City/State _____ ICC# _____
Zip Code (if other than owner) _____ DOT# _____

| V1 | V2 | Sequence of Events | Trafficway | V1 | V2 | APPARENT DRIVER CONDITION |
|---------|---------|---|---|--------------------------|--------------------------|---------------------------|
| 1 2 3 4 | 1 2 3 4 | A. Ran off road | 1 Not physically divided (2-way traffic) | <input type="checkbox"/> | <input type="checkbox"/> | 1 Appeared normal |
| 1 2 3 4 | 1 2 3 4 | B. Jackknife | 2 Divided highway, median strip w/o barrier | <input type="checkbox"/> | <input type="checkbox"/> | 2 Had been drinking |
| 1 2 3 4 | 1 2 3 4 | C. Overturn | 3 Divided highway, median strip w/ barrier | <input type="checkbox"/> | <input type="checkbox"/> | 3 Illegal drug use |
| 1 2 3 4 | 1 2 3 4 | D. Downhill Runaway | 4 One-way trafficway | <input type="checkbox"/> | <input type="checkbox"/> | 4 Sick |
| 1 2 3 4 | 1 2 3 4 | E. Cargo loss or shift | | <input type="checkbox"/> | <input type="checkbox"/> | 5 Fatigue |
| 1 2 3 4 | 1 2 3 4 | F. Explosion or fire | | <input type="checkbox"/> | <input type="checkbox"/> | 6 Asleep |
| 1 2 3 4 | 1 2 3 4 | G. Separation of units | | <input type="checkbox"/> | <input type="checkbox"/> | 7 Medication |
| 1 2 3 4 | 1 2 3 4 | H. Collision involving pedestrian | Access Control | <input type="checkbox"/> | <input type="checkbox"/> | 8 Unknown |
| | | | 1 No control (unlimited access) | | | |
| | | | 2 Full control (only ramp entry/exit) | | | |
| | | | 3 Other | | | |
| 1 2 3 4 | 1 2 3 4 | I. Collision involving motor vehicle in transport | | | | |
| 1 2 3 4 | 1 2 3 4 | J. Collision involving parked motor vehicle | | | | |
| 1 2 3 4 | 1 2 3 4 | K. Collision involving train | | | | |
| 1 2 3 4 | 1 2 3 4 | L. Collision involving pedalcycle | | | | |
| 1 2 3 4 | 1 2 3 4 | M. Collision involving animal | | | | |
| 1 2 3 4 | 1 2 3 4 | N. Collision involving fixed object | | | | |
| 1 2 3 4 | 1 2 3 4 | O. Collision involving other object | | | | |

Notification Time EMS
(military time)
0000 not notified

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| Roadway Surface Type | Veh1 | Veh2 | Veh3 |
|-------------------------|------|------|------|
| 1 Concrete | | | |
| 2 Blacktop (bituminous) | | | |
| 3 Slag, Gravel or stone | | | |
| 4 Dirt | | | |
| 5 Other | | | |

Est. Speed _____

Number of Traffic Lanes: _____

1. Not ejected/not applicable
2. Through side door opening
3. Through side window
4. Through windshield
5. Through back windows
6. Through back door/tailgate opening
7. Out roof opening (sunroof, top down)
8. Out roof (top up)
9. Other path (e.g. back of pickup)
10. Unknown